

For households whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.

**This form is not to be used at LIHTC projects that have HDAP funding, e.g. HOME, NHTF or OHTF.**

Full Name of Tenant(s): \_\_\_\_\_  
(age 18 and older)

\_\_\_\_\_

Project Name: \_\_\_\_\_

Address/Unit Number: \_\_\_\_\_

**I/We certify that the net assets (as defined in 24 CFR 813.102) of this household do not exceed \$5,000.**

**The annual income from the net household assets is \$ \_\_\_\_\_. This amount is included in the total gross income for this household.**

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

*Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud. False, misleading or incomplete information may result in the termination of the application or lease agreement.*